

NEBRASKA STATE PATROL SUPPLEMENTAL APPLICATION

The Nebraska State Patrol reserves the right to conduct an intensive background investigation on each applicant due to the confidential nature of the work of law enforcement and each employee's access to sensitive information. Failure to complete or provide false information on this application will result in dismissal from the application process.

INSTRUCTIONS: *Please PRINT legibly in ink or use typewriter. The application must be returned by the date designated on the last sheet.*

Date: _____ Position Applied for: _____

Name: _____ SSN: _____
 Last First MI

Have you ever legally changed your name? If so, please explain:

Address _____
 Street/Box No. City State Zip Code County

Telephone No. (____) _____

Alternate No. (____) _____

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____
List other addresses and phone numbers and approximate dates at each, during the last ten years. List telephone number and address of each landlord.

Birth Date _____ **Birthplace** _____

Height _____ **Weight** _____ **Hair** _____ **Eyes** _____

Applicant's Parent's Names: _____

Address: _____

If married, full name of spouse: _____

Spouse's Parent's Names _____

Address of Spouse's Parents _____

Please list any individuals which you presently reside with, or with whom you have resided with in the last ten 10 years.

Name (Last, First)

When did you reside together?

EDUCATION: **School** **Location** **Grade Completed** **Year**

Elementary: _____

High School/GED: _____

MILITARY SERVICE

Active Service From _____ To _____

Branch of Service _____ Highest Rank Attained _____

Rank at time of Discharge _____

Are you a member of any military reserve organization? ☐ Yes ☐ No

If yes, what is your obligation?

EMPLOYMENT HISTORY: List your complete work history beginning with your present position. Account for any periods of unemployment.

Employer _____ Duties _____

Employer Address _____ Telephone (____) _____

Employed from _____ to _____

Employer _____ Duties _____

Employer Address _____ Telephone (____) _____

Employed from _____ to _____

Employer _____ Duties _____

Employer _____ **Duties** _____

Employer Address _____ **Telephone** (____)_____

Employed from _____ **to** _____

Employer _____ **Duties** _____

Employer Address _____ **Telephone** (____)_____

Employed from _____ **to** _____

Employer _____ **Duties** _____

Employer Address _____ **Telephone** (____)_____

Employed from _____ **to** _____

Employer _____ **Duties** _____

Employer Address _____ **Telephone** (____)_____

Employed from _____ **to** _____

Employer _____ **Duties** _____

Employer Address _____ **Telephone** (____)_____

Employed from _____ **to** _____

May we contact your present employer about your work? ☐ Yes ☐ No

Have your employers usually treated you fairly? ☐ Yes ☐ No

If either answer is "no", please explain: _____

State any work experience which you have had which may tend to qualify you for the duties of the position you are seeking: _____

MOTOR VEHICLE OPERATION: Experience: _____ Years

_____ Miles driven during last year

Operator's License Number _____ Date of Issue _____

List ALL traffic violations of which you have been convicted:

Date _____	Charge _____	Court _____	Disposition _____
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Date _____	Charge _____	Court _____	Disposition _____
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Date _____	Charge _____	Court _____	Disposition _____
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Date _____	Charge _____	Court _____	Disposition _____
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Date _____	Charge _____	Court _____	Disposition _____
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List all reported and unreported traffic accidents in which you have been involved; date, location, and extent of personal injuries, property damage, etc.

PERSONAL DATA:

Have you ever been fingerprinted? ☐ Yes ☐ No

Have you ever been arrested/convicted of any felony, misdemeanor, or infraction other than traffic violations? ☐ Yes ☐ No

If yes, give details as to date, place, charge, and disposition.

Have you been involved in civil litigation as a plaintiff, defendant or principal witness?

☐ Yes ☐ No

If yes, please give details as to date, place, type of matter and disposition:

REFERENCES: List the names, occupations, addresses, and phone numbers of five reliable individuals, other than relatives or employers, who know you well enough to serve as competent references. Also list the names of two co-workers and their addresses.

Name	Occupation	Address	Telephone No.

I understand and agree that:

- 1. Withholding information from or submitting false information to the Nebraska State Patrol during the application process will be grounds for refusing to consider my application, or for termination should I become an employee of the Nebraska State Patrol.*
- 2. After this application is submitted, a character or background investigation will be conducted, and my personal history and background will be thoroughly examined.*

Note: Any correspondence received by this office with postage due will be returned to sender.

I hereby certify that I possess all the basic requirements for employment by the Nebraska State Patrol, including citizenship or legal right to work in the United States, education, etc., and that the information in this application is true and correct and provided voluntarily.

I further understand that I may be required, in accordance with State and Federal Statute, to undergo testing for drug usage if I am applying for certain critical positions which affect the safety of others.

Signature: _____

Date: _____

RETURN THIS FORM TO THE FOLLOWING BY _____:

**Nebraska State Patrol
P. O. Box 94907
Lincoln, NE 68510**